

EXHIBIT “19”

Fill in this information to identify the case:

Debtor 1 Abraham O. Ituah

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 20-10058

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Water Revenue Bureau</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Pamela Elchert Thurmond</u> Name <u>Tax & Revenue Unit, 1401 JFK Blvd, 5th Floor</u> Number Street <u>Philadelphia PA 19102</u> City State ZIP Code Contact phone <u>215-686-0508</u> Contact email <u>Pamela.Thurmond@phila.gov</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1 6 9 9

7. How much is the claim? \$ 1,068.45 Does this amount include interest or other charges? ☐ No ☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
- Municipal Claim

9. Is all or part of the claim secured? ☐ No ☒ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☒ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: See Attached
- Basis for perfection:** Real Estate
- Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ 168,500.00
- Amount of the claim that is secured:** \$ 1,068.45
- Amount of the claim that is unsecured:** \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ 1,068.45
- Annual Interest Rate [Real Estate]** (when case was filed) _____ %
- Annual Interest Rate [Judgments]** (when case was filed) _____ %
- ☐ Fixed
- ☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/14/2020
MM / DD / YYYY

/s/ Pamela Elchert Thurmond

Signature

Print the name of the person who is completing and signing this claim:

Name Pamela Elchert Thurmond
First name Middle name Last name

Title Deputy City Solicitor

Company City of Philadelphia Law Dept.-Tax & Revenue Unit
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1401 JFK Blvd, 5th Floor
Number Street

Philadelphia

City

PA

State

19102

ZIP Code

Contact phone 215-686-0508

Email

Pamela.Thurmond@Phila.gov

- Account Transaction History -, ABRAHAM ITUAH, 419 W GODFREY AVE 19120 [0043750000419001] 611296000

Customer: **CU1178514** Installation: **IN001802669**
 Account: **001272568** Supply Type: **AGENCY**
 Balance: **USD 390.00** Unpaid Invoices: **390.00** Unallocated Cr: **0.00**

Created	Task	Reference	Tran Date	Amount	Disc/Rebt/Adj	Inter Account	Running Bal	Unallocated
10/08/2016	AGENCY	ARM-124758-1	07/07/2011	195.00	0.00	0.00	390.00	195.00
10/08/2016	AGENCY	ARM-116150	12/02/2009	195.00	0.00	0.00	195.00	195.00

Bill No: Outsort Code: Operator: **AR-TAKEON**
 Description: **Replace frozen meter - Service Date:06/24/2011**

Transaction Details

- Account Transaction History -, ABRAHAM ITUAH, 2507 N 19TH ST 19132 [0518815002507001] 162079700

CustomerCU1178515

InstallationIN005286620

Account001272569

Supply TypeAGENCY

BalanceUSD626.45

Unpaid Invoices626.45

Unallocated Cr0.00

Created	Task	Reference	Tran Date	Amount	Disc/Rebt/Adj	Inter Account	Running Bal	Unallocated
04/01/2019	LN	IV01764576	04/01/2019	91.45	0.00	0.00	626.45	91.45
12/10/2018	TAMPER	IV01739930	12/10/2018	100.00	0.00	0.00	535.00	100.00
09/26/2017	AGENCY	IV01638482	09/22/2017	195.00	0.00	0.00	435.00	195.00
09/24/2017	TAMPER	IV01638285	09/22/2017	45.00	0.00	0.00	240.00	45.00
10/08/2016	AGENCY	ARM-116490	01/07/2010	195.00	0.00	0.00	195.00	195.00

Bill No

Outsort Code

OperatorSUSAN.LACOL

Description

Transaction Details

- Account Transaction History -, DEDICATED HELPER INC, 4624 N 12TH ST 19140 [0068803004624001] 491457800

CustomerCU0525808

InstallationIN005141858

Account001235030

Supply TypeAGENCY

BalanceUSD52.00

Unpaid Invoices52.00

Unallocated Cr0.00

Created	Task	Reference	Tran Date	Amount	Disc/Rebt/Adj	Inter Account	Running Bal	Unallocated
10/08/2016	AGENCY	ARM-119635-1	08/09/2010	52.00	0.00	0.00	52.00	52.00

Bill No

Outsort Code

OperatorAR-TAKEON

DescriptionShut-off at curb stop - Service Date:05/12/2010

Transaction Details